



JOE HART
ARIZONA STATE MINE INSPECTOR
1700 W. WASHINGTON STREET, SUITE 400
PHOENIX, AZ 85007-2805

TRAINING REQUEST FAX FORM

TO:

FROM:

Abella Padilla

COMPANY:

DATE:

FAX NUMBER:

SENDERS PHONE NUMBER

(602) 542-5971

PHONE NUMBER:

SENDERS FAX NUMBER

(602) 542-5335

EMAIL ADDRESS

EMAIL ADDRESS

apadilla@asmi.az.gov

TOTAL NO. OF PAGES INCLUDING COVER:

NOTES/COMMENTS/REGARDING:

This is to confirm your request for multiple students in a training class in _____ (town) on _____ (date).

Please fill out the required information on the second page and fax it back within a week to reserve the spaces you have requested. If you do not return this form, your spaces will *not* be held. Please remember that class size is limited to 35 people and classes fill up quickly. If you make a commitment to attend class please make sure you attend or cancel enough in advance so that we can offer your seat to another person.

A confirmation page will be returned to you by fax or email informing you of the seats reserved and the specific place, date and time.

Thank you,

Frank Rabago

ASMI REQUEST FORM FOR MSHA TRAINING

TO:

Abella Padilla

FROM:

DATE:

COMPANY:

FAX NUMBER:

(602) 542-5335

SENDERS PHONE NUMBER:

PHONE NUMBER:

(602) 542-5971

SENDERS FAX NUMBER:

EMAIL ADDRESS:

apadilla@asmi.az.gov

CONTACT EMAIL ADDRESS:

TOTAL NO. OF PAGES INCLUDING COVER

Please Fill Out The Above Information

Company Information

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

MSHA ID#: _____ State ID#: _____

Course Type: _____ Pt 48 _____ Pt 46 _____ Coal

Approved Pt 46 Plan? _____ Yes _____ No { _____ Send us a template}

Company Type: _____ Mine _____ Contractor _____ Misc/Other

_____ Metal/Non Metal _____ Coal

_____ Underground _____ Surface

Number of Employees: _____ 1-19 _____ 20-49 _____ 50+

Registration Information

Last Name	First Name	Last 4 Digits SSN	Type of Training Required	Approximate date of last Training	Email address, if available
<i>Eg. SMITH</i>	<i>JOE</i>	<i>8597</i>	<i>AR</i>	<i>January 2004</i>	
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12.					

Continue on next page if necessary

Company Name: _____

Registration Information (Continued)

Last Name	First Name	Last 4 Digits SSN	Type of Training Required	Approx date of last Training
<i>Eg. SMITH</i>	<i>JOE</i>	<i>8597</i>	<i>AR</i>	<i>January 2004</i>
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